



FOREST LAKE MAGPIES JUNIOR RUGBY LEAGUE FOOTBALL CLUB

2020 New Player Application Form

U18

PO Box 9

Carole Park Qld 4300

www.forestlakejrflfc.com.au

email: admin@forestlakejrflfc.com.au

This form and the online registration process MUST be completed.

We also require a copy of either a Birth Certificate or Passport for the Player to finalise registration.

PLAYERS DETAILS						
SURNAME:		GIVEN NAME:		DOB:		<input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS:	SUBURB:		P/CODE:			
EMAIL:						

PARENTS/GUARDIAN DETAILS (1)		PARENTS/GUARDIAN DETAILS (2)	
SURNAME:		SURNAME:	
GIVEN NAMES:		GIVEN NAMES:	
RELATIONSHIP:		RELATIONSHIP:	
CONTACT NUMBER:		CONTACT NUMBER:	
EMAIL:		EMAIL:	
OCCUPATION:		OCCUPATION:	

MEDICAL INFORMATION	
MEDICARE #	
Does the player have any medical condition or injury? : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete a medical advice form.	
I give permission for an ambulance to be called in an emergency: : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you aware of the inherent risks of participating in physical activity such as Rugby League? : <input type="checkbox"/> Yes <input type="checkbox"/> No	

REGISTRATION FEES
All fees cover membership with Forest Lake Magpies J.R.L.F.C, registration with QRL and insurance. Payment can be made by cash, credit card, EFT or a valid Fair Play Voucher.
● U18 - \$250
● Full registration fees must be paid by Thursday 26th March 2020 for the player to be eligible to play or train after this date.

PARENT/GUARDIAN DECLARATION - I understand and accept the following points:
<ol style="list-style-type: none">1. That coaching, managing, referee, linesmen, duty official are all duties that require participation of all parents/guardians for that team to compete throughout the season.2. I agree to the child/children named above taking part in the normal activities of the club. I have read the Rugby League National Code of Conduct for both players and parent/spectator and agree that my child and I will abide by the rules outlined in the Code. I understand that any serious or continued breach of these codes may result in my child and/or I being suspended or expelled from the club.3. I agree to abide by the payment as listed above and understand my child will not be able to participate in training or matches if payment is not made in full by Thursday 26th March 2020.4. I give permission for my child's image (photograph, film, video) to be used in official club publications or on the club website. Images may be taken at training, game days and/or official club functions.5. I understand that once registration fees are paid they are non-refundable.6. I understand that eligible Fair Play Vouchers will be accepted by the Club up to Thursday 26th March 2020. Vouchers will not be accepted after this date.7. I have advised the Club Committee in writing of any existing or relevant medical condition of the Player mentioned above.8. I will notify the Team League Safe Officer and Coach of any problem that may occur during the season that is relevant to my child playing Rugby League.
Name..... Signature..... Date.....



2020 MEDICAL ADVICE FORM (confidential)

This form will be used to assist in providing a safe training and playing environment for your child. It is to allow you, as a parent / guardian, to advise the club of any previous injury or condition your child may have so that he/she can participate safely and enjoy the game of Rugby League. The only people who will have access to this form will be the Club Committee, the First Aid Officer, Coach and Manager of your child's team.

PLAYERS DETAILS			
SURNAME:		GIVEN NAMES:	
ADDRESS:		SUBURB	POST CODE
DATE OF BIRTH:		MEDICARE #:	

DOCTORS DETAILS			
FAMILY DOCTOR:		PHONE NUMBER:	
ADDRESS:		SUBURB	POST CODE

NEXT OF KIN DETAILS (name of person to contact in an emergency)			
SURNAME:		GIVEN NAMES:	
PHONE NUMBER:		RELATIONSHIP:	
I give permission for an ambulance to be called in an emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No			

MEDICAL HISTORY		
Does your child suffer from:	Yes / No	Management
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bronchitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Allergies (please list)		

Does your child experience any of the following signs and symptoms during exercise?		
Symptom	Yes / No	Management
Undue shortness of breath	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Chest Pain	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Light headedness, dizziness or episodes of fainting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Become tired/fatigued easily	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there any other condition the club should be aware of?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe:
Any regular or current medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please supply details (e.g reason for medication, times etc):
Any physical (e.g muscular/joint problem) that may limit your child in physical activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe:
Has your child suffered concussion in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please supply details of treatment and outcomes:
Are you aware of the inherent risks of participating in physical activity such as Rugby League? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PARENT/GUARDIAN DECLARATION - I understand and accept the following points:
<ol style="list-style-type: none"> 1. I declare this to be a true statement of my child's health status as at the date below 2. I will notify the Team First Aid Officer of any problem that may occur during the season that is relevant to my child playing Rugby League
Parent/Guardian Name..... Parent/Guardian Signature..... Date.....